

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

## CERTIFICATE OF DEATH

Reg. Dist. No.

01998

2600

## 1. PLACE OF DEATH:

County..... Somerset  
 City or town..... Manokin, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
 Rural, Manokin, Md.  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Somerset  
 City or town..... Rural, Rumbley  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

EVA S. BEAUCHAMP

## 3. (b) Social Security Number

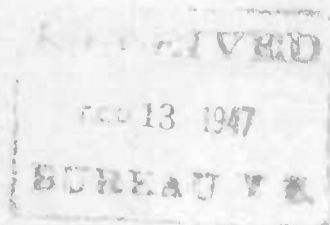
4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed  
 6.(b) Name of husband or wife..... Samuel Beauchamp  
 Deceased 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... July 11, 1876  
 8. AGE: Years..... 70 Months..... 7 Days..... 29 If less than one day..... hrs. .... min.

9. Birthplace..... Fairmount-Somerset-Md.  
 (Town, county, and state)  
 10. Usual occupation..... Housework  
 11. Industry or business..... Home  
 12. Name..... James A. Tyler  
 13. Birthplace..... Fairmount, Md.  
 14. Maiden name..... Nancy Hurley  
 15. Birthplace..... Fairmount  
 16. Informant..... Elwood Beauchamp  
 Address..... Manokin, Md.  
 17..... Burial Date thereof..... Feb 12, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Epworth Fairmount Cemetery  
 Location..... Fairmount, Md.  
 18. Funeral director..... H. Harvey Bradshaw  
 Address..... Crisfield, Md.  
 19..... Feb 12 47 R. H. Bradshaw M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 10 1947 at 10:30 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1944 to Feb 10 1947 and that I last saw him alive on Feb 10 1947  
 Immediate cause of death..... Coronary thrombosis  
 DURATION..... 1 day  
 Due to..... Coronary thrombosis  
 Due to.....  
 Other conditions..... Bronchial asthma  
 (Include pregnancy within 3 months of death)  
 Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE..... Frank Matus M.D. or other  
 Address..... Princess Anne Date signed..... Feb 11, 1947

70-7-29



11-6-7681  
01-8-6741

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2610

## 1. PLACE OF DEATH:

County Somerset Co.City or town Marion Sta. Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Marion Sta. Somerset  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Isaac D Bivens

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Hannie Bivens7. Birth date of deceased (mo., day, yr.) QX 1846 8.(c) If alive, give age years8. AGE: Years 91 Months Days If less than one day hrs. min.9. Birthplace Wheatland Md  
(Town, county, and state)10. Usual occupation Pastor

## 11. Industry or business

12. Name William Bivens13. Birthplace Wheatland Md14. Maiden name Hester Bivens15. Birthplace Wheatland Md16. Informant Mable JohnsonAddress Marion Md.17. Burial Date thereof Feb 22 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Foney cemeteryLocation Marion Md16. Funeral director Geo W TilghmanAddress Marion Md.19. 2/24 47 Isaac Johnson  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 19 47 at 11:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 19 47 to Feb 19 19 47and that I last saw him alive on Feb 18 19 47Immediate cause of death Cerebral HemorrhageMyocardial, Card. Dec 7 notDue to General AtherosclerosisDue to Chronic MyocarditisChronic Out. V. Path.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Isaac Johnson M. D. or otherAddress Marion Md. Date signed Feb 20 47

HEALTH DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED

FEB 25 1948

BUREAU V.B.

1-35-

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

## CERTIFICATE OF DEATH

02000

Reg. Dist. No. 2680

### 1. PLACE OF DEATH:

County Somerset  
City or town Chance  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 17  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset  
City or town Chance, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Myrtle Thedasia Bivens

### 3. (b) Social Security Number

4. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Melvin Bivens

6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1914

8. AGE: Years 32 Months 1 Days 16 If less than one day .hrs. .min.

9. Birthplace Deal Island, Somerset, Md.  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Isaac White

13. Birthplace Deal Island, Md.

MOTHER 14. Maiden name Ebene Water

15. Birthplace Chance, Md.

16. Informant Melvin Bivens

Address Chance, Md.

17. Burial Date thereof Feb. 13, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory John Wesley

Location Deal Island, Md.

18. Funeral director Charles H. Ward

Address Marlow Sta., Md.

19. July 11 1947 Rosa Webster  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1947 at 3:30 M.

21. I CERTIFY that death occurred on the date above stated; that deceased died from

Jan 1946 to Feb. 9 1947  
and that I last saw him alive on Feb. 5 1947

Immediate cause of death Cardiac Decomp.

Due to Rheumatic Heart Disease

Due to Rheumatic Fever

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William W. Gray, M.D.

Address Salisbury, Md. Date signed 2/11/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 13 1947

BUREAU

1-38-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

02001

268

## 1. PLACE OF DEATH

County SomersetCity or town Chance  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38 yrs

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SomersetCity or town Chance  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Luticia Church

## 3. (b) Social Security Number

217-10-8074

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Julius Church6. (c) If alive, give age 49 years

7. Birth date of

deceased (mo., day, yr.) Mar 15-1907

8. AGE:

Years

Months

Days

If less than one day

391115

hrs.

min.

9. Birthplace

Chance Somerset Co Md.  
(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

Foreman Jones

13. Birthplace

Chance Md

MOTHER

14. Maiden name

Sarah Price

15. Birthplace

Chance Md

16. Informant

Lillie Nutter

Address

Deer Island Md.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

Mar 5 1947  
(month) (day) (year)

Cemetery or crematory

St Charles cemetery

Location

Chance Md

18. Funeral director

Edna H Ward

Address

Mansion Md.

19.

md  
(Date rec'd by registrar)

19. 47

Rosa Webster

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jul 28

19. 47

at

4 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jul 4

19. 47

to

Jul 28

19. 47

and that I last saw him alive on

Jul 28

19. 47

Immediate cause of death

Chronic Myocarditis

DURATION

Jul 6 47

Due to

Chronic Pericarditis  
NephrosisJul 1 47

Due to

Other conditions

Cerebral Embolism

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

H. Hobart

M. D. or other

Address

Deer Island Md

Date signed

Jul 28 47

RECEIVED

MAR 5 1947

BUREAU 78

1-35



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02002

Reg. Dist. No. 2650

## 1. PLACE OF DEATH:

County BaltimoreCity or town Crofton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town Crofton  
(If outside city or town limits, write RURAL and give nearest town)Street No. Brooklyn  
(If rural, give LOCATION)2(a) If veteran, name war None

## 3. (a) FULL NAME

Bett, how Heath

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) May 28, 1925

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 21 Months 8 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Crofton  
(Town, county, and state)10. Usual occupation Student11. Industry or business School12. Name Mary B. Heath13. Birthplace Baltimore, MD14. Maiden name Sarah B. Heath15. Birthplace Crofton, MD16. Informant Sarah B. HeathAddress Crofton, MD17. Buried Date thereof 2/5/47  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bunny RidgeLocation Crofton18. Funeral director Harold A. HeathAddress Crofton, MD19. 2/4/47  
(Date rec'd by registrar)Registrar Agatha E. Heath

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 24, 1947 to Feb. 3, 1947and that I last saw him/her alive on Feb. 2, 1947Immediate cause of death Myocardial infarction

DURATION

10 daysDue to Chronic nephritis18 mos.Due to Arteriosclerosis - Hypertension15 yrs.Other conditions Diabetes mellitus12 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton, M.D.

M. D. or other

Address Crofton, MDDate signed Feb. 4, 1947

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 24 1947  
BUREAU OF A.

2-36

Handwritten signature and date 1/4/47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2610

### 1. PLACE OF DEATH:

County Somerset  
City or town Rural, Marion, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
Rural, Marion, Md.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
City or town Rural, Marion, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Quindogua  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

EMMA VIRGINIA HILL

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife  
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15, 1874

8. AGE: Years 72 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace Marion-Somerset-Maryland  
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name James A. Hill  
13. Birthplace Wicomico Co., Md.

MOTHER 14. Maiden name Sarah E. Ford  
15. Birthplace Fairmount, Md.

16. Informant Mrs. Thurman Taylor  
Address Marion, Md.

17. Burial Date thereof Feb 6, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery  
Location Rural, Marion, Md.

18. Funeral director H. Harvey Bradshaw  
Address Crisfield, Md.

19. (Date rec'd by registrar) Feb 11 47 John J. Nelson Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1947 at 8:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 46 to Feb 3 1947  
and that I last saw him alive on Jan 25 1947

Immediate cause of death Acute Myocardial Infarction

Due to Chronic Hypertension  
acute out of control

Due to

Other conditions Some other disease  
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Nelson M. D. or other  
Address 547 Marion Rd Date signed

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 13 1947

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 2657

## 1. PLACE OF DEATH:

County..... **Somerset**  
 City or town..... **Rural, Crisfield**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **75 years**  
 Hospital, institution, or street address where death occurred:  
**Calvary, Crisfield**  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Somerset**  
 City or town..... **Rural, Crisfield**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **Rural, Calvary Section**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

**WILLIAM E. MORGAN**

## 3. (b) Social Security Number

4. Sex..... **Male** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Married**  
 6.(b) Name of husband or wife..... **Mary Parks Morgan**  
 6.(c) If alive, give age..... **73** years  
 7. Birth date of deceased (mo., day, yr.)..... **September 8, 1861**  
 8. AGE: Years..... **85** Months..... **5** Days..... **28** hrs..... min.....

9. Birthplace..... **Marumsco-Somerset-Md.**  
 (Town, county, and state)  
 10. Usual occupation..... **Waterman**  
 11. Industry or business..... **Seafood**  
 12. Name..... **Thomas Morgan**  
 13. Birthplace..... **Somerset County, Md.**  
 14. Maiden name..... **Harriet Darby**  
 15. Birthplace..... **Somerset County, Md.**  
 16. Informant..... **Mrs. Mary Morgan**  
 Address..... **Calvary, Crisfield, Md.**  
 17. Burial..... **Burial** Date thereof..... **Feb 9, 1947**  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory..... **Asbury Cemetery**  
 Location..... **Asbury, Crisfield, Md.**  
 16. Funeral director..... **Gordon Lawson**  
 Address..... **Crisfield, Md.**  
 19. **Feb. 9** 19..... **47** **R. L. Johnson, M.D.**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Feb 6** 19..... **47** **6:00 A**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **1946** to **Feb. 6** 19..... **47**  
 and that I last saw him alive on **Feb. 6** 19..... **47**  
 Immediate cause of death..... **Coronary Artery Disease**  
 DURATION.....

Due to..... **Cardio-vascular**  
**renal disease**  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE..... **Charles D. Schwartz**  
 Address..... **Crisfield, Md.** Date signed..... **Feb. 6/47**

RECEIVED  
APR 5 1947  
BUREAU V.E.

2-35-

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CERTIFICATE OF DEATH

★ 02005  
Reg. Dist. No. 2700

### 1. PLACE OF DEATH:

County Somerset  
City or town Source Smith Island  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
City or town Source  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Source  
(If rural, give LOCATION)  
2(a) If veteran, name war None

### 3. (a) FULL NAME

William W. Riggan

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Beatrice H.  
6. (c) If alive, give age 65 years  
7. Birth date of deceased (mo., day, yr.) October 6, 1876  
8. AGE: Years 70 Months 4 Days 4 If less than one day  
hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1947 at 7:30 A.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5, 1946 to Feb. 6, 1947  
and that I last saw him alive on Feb. 6, 1947  
Immediate cause of death Coronary Thrombosis DURATION Unknown

9. Birthplace Source, Md.  
(Town, county, and state)  
10. Usual occupation Waterman

Due to Arteriosclerotic heart disease Unknown  
Due to --  
Other conditions --  
(Include pregnancy within 3 months of death)

11. Industry or business See  
FATHER 12. Name Andrew J. Riggan  
13. Birthplace Source, Md.  
MOTHER 14. Maiden name Sarah Maddox  
15. Birthplace Source

Major findings of operations -- Date of op. --  
Autopsy results --  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

16. Informant Ruby Jones  
Address Source, Smith Is. Md.  
17. Source Date thereof 2/12/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Source  
Location Source, Md.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide -- Date of --  
Where did injury occur? --  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) --  
Means of injury -- Injured at work? --

18. Funeral director Harold J. Hubbard  
Address Source, Md.  
19. 2/11/47 19 Agatha Franklin  
(Date rec'd by registrar) Registrar

23. SIGNATURE M. G. Chambers M.D.  
M. D. or other  
Address Pwell, Md. Date signed 2/11/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.





2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

## CERTIFICATE OF DEATH

Reg. Dist. No.

02006

2600

## 1. PLACE OF DEATH:

County Somerset  
 City or town Mt Vernon Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Mt Vernon  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name was \_\_\_\_\_

## 3. (a) FULL NAME

Lafayette Washington Ross

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife Belle Ross

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years 83 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mt Vernon, Somerset, Md.

10. Usual occupation

11. Industry or business

FATHER  
 MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) (which?)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

5.(c) If alive, give age 82 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him \_\_\_\_\_

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

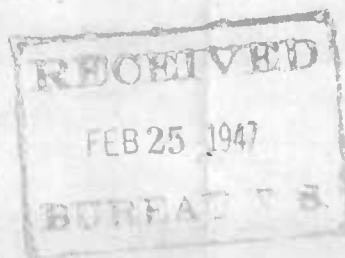
Means of injury

23. SIGNATURE

Address

M. D. or other

Date signed



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-0)

## CERTIFICATE OF DEATH

02008

Reg. Dist. No. *3600*

1. PLACE OF DEATH: **Somerset**  
 County **Princess Anne, Rural**  
 City or town **30 minutes**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death **30 minutes**  
 Hospital, institution, or street address where death occurred:  
**Princess Anne, Rural**  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State **Maryland** County **Somerset**  
 City or town **Rural, Pocomoke, Md.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **Route #1**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war **World War II** ✓

## 3. (a) FULL NAME

**Jerome M. Shepherd**

## 3. (b) Social Security Number

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **December 15, 1922**  
 6. (c) If alive, give age..... years

8. AGE: Years **24** Months **2** Days **6** If less than one day  
 .....hrs. ....min.

9. Birthplace **Pocomoke RFD-Somerset-Md.**  
 (Town, county, and state)

10. Usual occupation **Meat Curer**11. Industry or business **Packing**12. Name **Jerome Shepherd**13. Birthplace **Baltimore, Md.**14. Maiden name **Sarah Cottman**15. Birthplace **Pocomoke, Md.**16. Informant **Mrs. Ida Bivens**Address **Rt. 1, Pocomoke, Md.**17. Burial **Burial** Date thereof **March 3, 1947**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Tindley's Chapel Cemetery**Location **Pocomoke, Maryland**

H. Harvey Bradshaw

18. Funeral director **Pocomoke, Maryland**Address **March 3, 1947**19. **March 3, 1947** Registrar **R. H. Johnson**

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Feb 28** 19 **47** at **3:00 P**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **18** to **19**and that I last saw him alive on **19**Immediate cause of death **Broken neck & fractured skull**

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, homicide, or homicide **Accident** Date **2/28/47**Where did injury occur? **near Prince Anne County Md** (City or town) (County) (State)Injured at home, farm, industry, public place (where?) **Public place**Means of injury **Auto accident** Injured at work? **No**23. SIGNATURE **Harvey M. Bradshaw** M. D. or otherAddress **Greensboro, Md.** Date signed **3/3/47**

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

934

02007

2650

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(if outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.47

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

19.47

at

10 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

Date signed

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Somerset  
City or town Rural Pocomoke City  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Worcester  
City or town Pocomoke City Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 615 Bank Street  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Preston D. Smith

### 3. (b) Social Security Number

4. Sex Male 5. Color or race Colo 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Bessie Smith  
6. (c) If alive, give age 29 years  
7. Birth date of deceased (mo., day, yr.) August 27-1916

8. AGE: Years 30 Months 5 Days 4 If less than one day hrs. min.

9. Birthplace Johnson's Neck, Worcester Md.  
(Town, county, and state)

10. Usual occupation sawmill labor

11. Industry or business

12. Name Moses Smith

13. Birthplace Maryland

14. Maiden name Myrtle Dickson

15. Birthplace Maryland

16. Informant Bessie Smith

Address 615 Bank St, Pocomoke City Md

17. Burial Date thereof Feb 5, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Georgetown Cemetery

Location Rural Pocomoke City Md

18. Funeral director Henry Affadavon

Address Pocomoke City Md.

19. Feb 5 19 47 Mrs Clayton Warner  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH February 1, 1947 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Broken neck +

Due to Internal injuries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/1/47

Where did injury occur? RT 13 Somerset (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Auto accident Injured at work? No

SIGNATURE Henry M. Lounsford M.D. M. D. or other

Address Pocomoke City Md Date signed 2/3/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age  
is shown on

109 - 2/27/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02010

Reg. Dist. No.

2600

## 1. PLACE OF DEATH:

County... SOMERSET  
City or town... PRINCESS ANNE  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 84 years  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

JAMES ROBERTSON STEWART

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) MAY 15, 1843 8. (c) If alive, give age 84 years

8. AGE: Years 84 Months 8 Days 28 If less than one day  
..... hrs. .... min.

9. Birthplace... PRINCESS ANNE, SOMERSET, MD.  
(Town, county, and state)

10. Usual occupation... DEPUTY CLERK OF COURT

11. Industry or business

12. Name... WILLIAM STEWART

13. Birthplace... PRINCESS ANNE, MD.

14. Maiden name... HENRIETTA JONES

15. Birthplace... PRINCESS ANNE, MD.

16. Informant... MRS. MAMIE D. FITZGERALD

Address... 153 BECKFORD AVE. - PR. ANNE, MD.

17. BURIAL Date thereof FEB. 14, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Episcopal cemetery

Location... PRINCESS ANNE, MD.

Dale Daskill

18. Funeral director... Princess Anne, Md.

Address... Feb. 14, 1947

19. Feb. 14, 1947 (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... SOMERSET  
City or town... PRINCESS ANNE  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 153 BECKFORD AVENUE  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

UNKNOWN

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 12, 1947 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death... Heart enlarged DURATION

short

Arterio Sclerosis

Due to.....

Other conditions.....

(Includes pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

.....

.....

23. SIGNATURE J. Smith

M. D. or other

Address... Princess Anne, Md. Date signed 2/13/47

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ATTENTION: THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY

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RECEIVED FEB 15 1947

RECEIVED FEB 15 1947

ATTORNEY GENERAL

RECEIVED FEB 15 1947

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FEB 15 1947  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Diat. No.

2650

## 1. PLACE OF DEATH:

County Somerset  
 City or town Rural Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 75 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md County Somerset  
 City or town Rural Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural #2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Nora J Townsend

## 3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife John Townsend

7. Birth date of deceased (mo., day, yr.) Oct. 12 1872 8. (c) If alive, give age years

8. AGE: Years 75 Months 4 Days 5 It less than one day hrs. min.

9. Birthplace Crisfield Somerset, Md.  
 (Town, county, and state)

10. Usual occupation Captain

11. Industry or business

12. Name Zachary Walker

13. Birthplace Crisfield Somerset Co. Md.

14. Maiden name Brouse Wapitt

15. Birthplace Crisfield Somerset Co. Md.

16. Informant Arthur A. Townsend

Address 3003 Kentucky Ave

17. Burial Date thereof 2/18/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peter's

Location R.I. #2

18. Funeral director Harvard H. Hubbard

Address 306 Main St.

19. 2/17/47 19. Coyle H. Franklin  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 19 47 at 1:25 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 19 47 to Feb. 17 19 47 and that I last saw her alive on Feb. 16 19 47

Immediate cause of death Chronic myocarditis 2 yrs. DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sam. Peyton M. D. M. D. or other

Address Crisfield, Md. Date signed 2/17/47

218

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1313

## CERTIFICATE OF DEATH

Reg. Dist. No. 02012 2610

## 1. PLACE OF DEATH:

County DanversCity or town Maryland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Walter Walker4. Sex male 5. Color or race ee 6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife Don't know7. Birth date of deceased (mo., day, yr.) Don't know 8. (c) If alive, give age 45 years8. AGE: Years 89 Months  Days  If less than one day  hrs.  min. 9. Birthplace Don't know (Town, county, and state)10. Usual occupation Don't know11. Industry or business Don't know12. Name Don't know13. Birthplace Don't know14. Maiden name Don't know15. Birthplace Don't know16. Informant Dr. G. C. ConnerAddress Maryland17. Burial Date thereof Feb 26-47  
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory Brook CemeteryLocation Maryland18. Funeral director Geo W. TitelmanAddress Maryland19. Feb 47 Walter Walker  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DanversCity or town Maryland  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2. (a) If veteran, name war 

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1947, at 110 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1 1947, to Feb 25 1947and that I last saw him alive on Feb 10 1947Immediate cause of death Acute and 7 heartcoronary occlusionDue to acute myocardialinfarction and ruptureDue to Other conditions acute aorticdissection

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE Geo. C. Conner M. D. or otherAddress Maryland Date signed Feb 26-47



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

## CERTIFICATE OF DEATH

02013

Reg. Dist. No. 2780

### 1. PLACE OF DEATH:

County Somerset  
City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Somerset  
City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Crisfield Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

William F. Waiston

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Agnes M

7. Birth date of deceased (mo., day, yr.) June 30, 1892 6.(c) If alive, give age 51 years

8. AGE: Years 54 Months 7 Days 18 If less than one day  
hrs. min.

9. Birthplace Crisfield  
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Self

12. Name Charles F. Waiston

13. Birthplace Crisfield

14. Maiden name Elizabeth E

15. Birthplace Crisfield

16. Informant W. Thomas Waiston

Address Crisfield

17. Burial Date thereof 2/16/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stump Edge Cemetery

Location Crisfield Maryland

18. Funeral director Harold A. Wilson

Address Crisfield md

19. 2/13/47 Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1947 at 15 M

21. I CERTIFY that death occurred on the day above stated; that I attended deceased from 19

and that I last saw him alive on 19

Immediate cause of death Coronary DURATION

occlusion

Due to occlusion

Due to occlusion

Other conditions  died suddenly

Under the supervision of William H. Coulbourn, M.D.

Major findings of operations DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD. Date of op.

Autopsy results Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

W. H. Coulbourn

2. SIGNATURE Crisfield md Feb 13 47

Address Crisfield md Date of death Feb 13 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 24 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

## CERTIFICATE OF DEATH

02014

Reg. Dist. No. 2600

1. PLACE OF DEATH: Somerset  
 County Princess Anne, Rural  
 City or town 30 minutes  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Princess Anne, Rural  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Rural, Pocomoke, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route #1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War II ✓

## 3. (a) FULL NAME

Theodore R. Waters

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) June 23, 1924  
 8. AGE: Years 22 Months 8 Days 5 If less than one day ..... hrs. .... min.

9. Birthplace Somerset County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business Agriculture  
 12. Name Harvey Waters  
 13. Birthplace Pocomoke, Md.  
 14. Maiden name Elsie Purnell  
 15. Birthplace Berlin, Md.  
 16. Informant Mrs. Elsie Waters  
 Address Rt. 1, Pocomoke, Md.  
 17. Burial Date thereof March 3, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Unionville Cemetery  
 Location Rt. 1, Pocomoke, Md.  
 18. Funeral director H. Harvey Bradshaw  
 Address Pocomoke, Maryland  
 19. March 3, 47 R. D. Johnson Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 28 19 47 at 3:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw ..... alive on .....  
 Immediate cause of death  
Broken neck & fractured skull  
 Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 2/28/47  
 Where and injury occurred? On Princess Anne Somerset Md  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Public place  
 Means of injury Auto accident Injured at work? No  
 Signature John M. Longford M.D. M. D. or other  
 Address Pocomoke Md Date signed 3/2/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 02015 2610

## 1. PLACE OF DEATH:

County Douglas  
 City or town Westover, Md Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Douglas  
 City or town Westover Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ✓  
 (If rural, give LOCATION)

2.(a) If veteran, name war. ✓

## 3. (a) FULL NAME

Leah Meta Yoder

## 3. (b) Social Security Number

✓

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife Daniel P. Yoder6. (c) If alive, give age ✓ years7. Birth date of deceased (mo., day, yr.) March 15, 1869

8. AGE: Years 77 Months 11 Days 8 It less than one day  
 .....hrs. ....min.

9. Birthplace Mattawana, Hillaw, Pa  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name David Harshbarger13. Birthplace Pa14. Maiden name Mary Yoder15. Birthplace Pa16. Informant Mrs. Melvin BakerAddress Westover, Md Rural17. Burial Date thereof Feb. 25, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holly GroveLocation Westover, Md Rural18. Funeral director Margarette H. WatsonAddress Pocomoke city, Md.

Feb 27 47 Anna J. Nelson  
 19. (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 47 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 1945 to Feb 23 19 47  
 and that I last saw her alive on Feb 22 19 47

Immediate cause of death Acute Duodenal  
ulcer DURATION 1 month

Due to Chronic neglect 2 yrs

Due to Chronic nephritis

Other conditions Peripneumonia (Cerebral Anoxia) 19 45  
 (Include pregnancy within 2 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. A. Nelson M. D. or other

Address Moran 28 Mo Date signed Feb 27 47

RECEIVED

MAR 4 1947

BUREAU 76

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